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ABSTRACT

This paper reports on a practicum designed to teach foster-care caseworkers how to improve the specificity and clarity of item definition on Individual Service Plans (ISPs) for children in foster care. Most agencies require that within 30 days of accepting a child for foster care, agency caseworkers must complete an ISP which establishes goals for the child to meet with the help of his or her foster parents and foster-care agency caseworker. Goals are also set for the child's birth parents in order to prepare for the child's eventual return to the birth-family home. The caseworker must devise the goals in a timely manner, stipulating measurable outcomes, but in one agency noted in the paper, caseworkers set ISP goals that were unclear, difficult to measure, and lacking in behavioral specificity. After studying the problem, it was proposed that a two-part program be developed to try to remedy these difficulties. In part one, an Individual Service Plan Evaluation and Instruction instrument was developed. Then, for part two, an Individual Service Plan Tracking Sheet was used. Workers were trained to use both instruments. Although these measures demonstrated that ISP goals can be written more clearly in more measurable terms, the project's specific goals were not met. (RJM)

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ED 378 475

Development of a Training Model to Increase Caseworker's Specificity, Clarity of Item Definition and Timeliness in Writing Individual Service Plans for Children in Foster Care

by

Carolyn A. Eberwein

Cluster 44

A Practicum I Report presented to the Ed.D. Program in Child and Youth Studies in Partial Fulfillment of the Requirements for the Degree of Doctor of Education

NOVA UNIVERSITY

1993

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ABSTRACT

Development of a Training Model to Increase Caseworker's Specificity, Clarity of Item Definition and Timeliness in Writing Individual Service Plans for Children in Foster Care. Eberwein, Carolyn A., 1993: Practicum Report, Nova University, Ed.D. Program in Child and Youth Studies.

This practicum was designed to teach caseworkers to self-evaluate and improve specificity and clarity of item definition on Individual Service Plans for children in foster care.

A rating sheet for Individual Service Plans and a self-evaluation form for assessing the measurability of ISP goals was developed by the writer and implemented with ten foster care caseworkers in a private child welfare agency. Using a pre/post evaluation tool, it was found that training caseworkers to use the self-evaluation form resulted in a higher number of measurable, clearly-stated ISP goals.

* * * * * * * * *

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Chapter I

Introduction

Description of Work Setting and Community

The private non-profit child welfare agency for which this problem is defined is dedicated to providing specialized foster care which emphasizes a Christian orientation in attempts to reunify families and/or prepare clients and their birth families for other permanent living arrangements. The agency is based in a major metropolitan area in the northeastern United States and operates a $5 million program through five corporations in four contiguous states.

The agency employs 85 professionals -social workers, caseworkers, psychologists and administrators - to serve approximately 350 Black, White, Hispanic and Asian children between the ages of birth to 18 years old. Children are referred for foster care placement with this agency by various public state and county child protective services entities. Children are placed with the agency when their birth families have proved neglectful or physically and/or sexually abusive and the child protective entities remove the children from their birth family homes. This agency then places the

children with foster families the agency has trained to provide the children with physical care, emotional stability, education, opportunities for religious development and cultural enrichment.

Writer's Work Setting and Role

As co-founder and Associate Director of the agency, this writer's responsibilities center upon program quality control with specific mandates for program evaluation, policy and procedures development and both in-house and community-based staff training and development. The writer also serves as administrative and clinical supervisor of two Regional Directors and three State Directors who, in turn supervise 12 Program Coordinators. Each of the 12 Program Coordinators supervises the direct services staff of an office: three to five social workers/caseworkers, a foster home recruiter and a secretary.

As second in command of this large agency, the writer has the necessary influence upon the line staff to be able to effect programmatic and procedural changes which will be implemented quickly and thoroughly. These changes are disseminated via a weekly meeting between the writer and the Regional Directors, a twice-monthly meeting between the writer, Regional and State Directors, and a monthly meeting between the writer,

Regional Directors, State Directors and all the Program Coordinators. Further, the Regional and State Directors meet separately with the Program Coordinators under their jurisdiction monthly.

This writer has direct contact with the line staff in monthly clinical training sessions conducted by the writer, in quarterly all-staff training sessions, and at monthly foster parent training sessions, at which attendance by foster parents and staff of each office is required.

As one mechanism of the agency's quality control program, the Regional and State Directors join this Administrator and the Program Coordinators to form intra-agency file review teams. These teams engage in annual site visits to each of the agency's offices prior to external licensing or performance reviews scheduled by contracting entities, and review all aspects of the office's operations. Each foster child and foster parent file is scrutinized, using a monitoring checklist, and a written compilation of the findings is presented to the Program Coordinator of that office so he may effect remediation of any lacks prior to the site visits of the various licensing and contracting authorities. Thus, the writer has access to each file in the entire agency at least annually. Of course, as specific legal or clinical issues arise with individual

cases, many files are reviewed for specific data at other times as well.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

Within thirty days of intake, agency caseworkers are required to write a complete Individual Service Plan (ISP) for each child placed with the agency. The caseworker must schedule and host a meeting between the child's birth parents, foster parents, referring agency caseworker, the child, and any other legally involved persons, such as a Child Advocate appointed by the court, or relatives who have expressed willingness to remain involved with the child.

According to the standards of the Child Welfare League of America (1975), the State of Delaware Division of Services to Children, Youth and Their Families (1986), the City of Philadelphia Department of Human Services' Performance Standards for Placement Care Services (1992) and the Child Protective Services Law of the Commonwealth of Pennsylvania Public Welfare Code (1985), an ISP establishes goals for the child in foster care to meet with the help of his foster parents and foster care agency caseworker, and goals for the child's birth parents to meet in order to prepare for the child's eventual return to his birth family home. If the birth family's goals are not met within a certain time

frame, another permanency plan for the child will be established. This plan may be adoption, long-term foster care or, if the child is old enough, emancipation. Short term goals, written by the agency caseworkers in the form of the ISP, are incremental steps toward achievement of the family's long term goals. Timely and measurable goals must be established by the caseworker. In this agency, caseworkers wrote unmeasurable goals with unrealistic time frames on ISPs for foster children in placement.

Problem Documentation

Agency documentation evidenced that casworkers wrote ISP goals which were inconsistent in terms of timeliness, measurability, and behavioral specificity. The 50 most recent ISPs were taken from the files of ten agency caseworkers, three of whom are supervised by one Program Coordinator, three by a second Program Coordinator, three by a third Program Coordinator, and one by a fourth Program Coordinator. These ISPs were analyzed, using the Individual Service Plan Scoring Sheet (see Appendix A). Quantification of these results indicated that three ISPs out of the 50 studied were complete at the 90% level of compliance with agency expectations. Further, 40 of the 50 ISPs reviewed were

held at dates which deviated from the pre-determined due date for the ISP meeting and 46 of the 50 ISPs reviewed were disbursed to the intended recipients at dates later than the established due dates.

Causative Analysis

Analysis of this evidence suggested to this writer several potential causalities of the low level of caseworker compliance in writing ISPs to the expected standards of measurability, item specificity, and timeliness.

Foster care agency caseworkers scheduled ISP meetings inconsistently and, therefore, the meetings deviated from pre-determined due date parameters. Trying to schedule a meeting to develop the ISP provided difficulties because all the concerned parties did not give equal priority to attending the meeting. In the jurisdictions served by this agency, individual referring agency caseworkers carry responsibility for approximately 70 child welfare cases simultaneously. Not only is the referring agency caseworker responsible for the child who is placed in foster care, but that worker also has responsibility for the child's birth parent or parents, often one or more siblings, and must balance the wishes and demands of all of these people,

plus the requirements of the court, the child's Advocate, and often several sets of grandparents. In the areas served by this agency, the public agency child welfare workers serve as protective services workers as well as monitors of children in foster care. This worker may wish to attend a planning meeting for each child in foster care, but the reality appears to be that if the worker has placed the child with a foster care agency, that case is being managed by the receiving agency's caseworker. This is one less case demanding instant and constant attention from the beleaguered referring agency caseworker, who is trying to cope with life-threatening crises of other children, such as abandoned infants, or children being hospitalized in critical condition for physical abuses. An ISP meeting may pale in comparison with the other demands upon the referring agency caseworker's time priorities.

The child's parents are also required to participate in the case planning for their child. One evidence of this is their attendance at ISP meetings for the child. However, the child's parents may not reside together, or may not have permanent residence, choosing to rely upon a relative's home as a "base" where the parent may receive mail or telephone calls, but where the parent does not actually dwell on a permanent basis. Further, in many cases, the child's birth father was not

legally identified as the father at the time of the child's birth. This can happen for many reasons, but often is because the father does not want to be held financially accountable for child support. Even birth mothers who want to effect the return of their children to their home have difficulty connecting the need for attendance at a meeting with the eventual return of their child because many have attended similar meetings to no apparent avail. Their child remains in foster care.

Establishing a time to meet with birth parents, even those who are legally identified and willing to resume care of the child eventually, is difficult. The parent or parents may be working at one or more jobs, and/or going to school, participating in drug rehabilitation or personal counseling as part of the court-determined plan to effect the reunification of the family. They cannot leave these duties or assignments without threatening the disruption of the family unification plan, even though meeting with their child's foster care agency caseworker might hasten the progress of the reunification.

Caseworkers wrote ISP goals which were not specific and, therefore, were unattainable. If a caseworker wrote, "Susan's medical needs will be met," it would be difficult to demonstrate that Susan's medical needs were

indeed attended to in a positive manner. To demonstrate specificity, the statement on the ISP referring to Susan's medical needs would have to include what her medical needs were, what type of physician specialist would treat those needs and how often she would need to be seen by that medical person. Who was responsible for scheduling the appointments, for transporting Susan to and from the physician's office, amd for insuring proper administration of any medications prescribed? Finally, details about who would be responsible for reporting the results of care or medical intervention to the proper authorities in the prescribed manner, and who was accountable for payment of medical bills incurred should be defined.

Similarly, caseworkers at this agency were found to write ISP goals which were not measurable and, therefore, not attainable. If a caseworker wrote, "Johnny will behave better during the next quarter," there were no specific benchmarks against which Johnny or his foster parents could measure that behavior. What did "better" mean? "Better" than what? The writing and distribution of the negotiated ISPs were found to

deviate from established due dates as a corollary to the ISP meetings being held beyond established due dates; a domino effect was evidenced.

Conferences with all of this agency's caseworkers

and their supervisors determined that the caseworkers had learned to write ISPs with no further training than by being presented with copies of ISPs which had been written by peers or predecessors and which their supervisors felt came close to meeting the agency's criteria for a compliant ISP. Thus, errors were perpetuated. These caseworkers and their supervisors were surprised at the suggestion by this writer that the ISP should serve as the foundation for the provision of foster care services and the base upon which subsequent monthly reports, quarterly reports and casenotes should be built, all pointing to the eventual goal of a permanency plan for each child in foster care.

Relationship of the Problem to the Literature

An analysis of the literature regarding clarity, timeliness and measurability of goals demonstrated the need for continued attempts at remediation of the lack of goal definition and the lack of timely permanency planning for children in foster care. The U.S. Congress' House Select Committee on Children, Youth and Families (1987) detailed the need for improvement of foster care in the United States, stressing the need for permanency planning. Petr, Zollars-White, Garlow, Turnbull and Roessler (1990) reviewed Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980,

and concluded that permanency planning remained an implementation issue ten years after the passage of the law. The Child Welfare League of America, in its Children's Legislative Agenda (1992) stated that "while more than 400,000 children have been placed in out-of-home care" (p.4), "many agencies are unable to adequately ...undertake the services and programs that can prevent abuse, protect the safety and well-being of the children, or strengthen and preserve families" (p.14).

Hess and Folaron (1991) cited the insufficiency of "policy structure and directives regarding movement toward permanency allowed agency staff members, contractual community service providers, and the courts to avoid confronting parents' ambivalence as well as their own conflicting feelings about returning an individual child home" (p. 416). Permanency planning was discussed by Proch and Howard (1986) from the perspective of the special needs or hard to place child. Olsen (1982) delineated several variables which effect an increase in the length of a child's stay in foster care, showing that the potential for "stratification" must be considered in goal setting and permanency planning for children in foster care. The lack of birth parent involvement in planning for their children while the children were in foster care was cited by Kufeldt

(1982). Ethnic differentials affecting the goal of permanent homes for foster children were explored by Gurak, Smith and Goldson (1982) and it was determined that Black children await permanency placements longer than children of other ethnic groups. One cause appeared to be that sporadic parental involvement was tolerated longer for Black children, a condition which was often blamed upon the child-placing agency's failure to specify goals. The effects of multiplicity of placements, and the frequency of foster parent abuse of foster children were attributed in part to failure to train foster parents how to specify and implement behavioral objectives (McFadden and Ryan, 1986; Pardeck, 1983; Pardeck. 1984; Pardeck, et al., 1985).

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

The goal of this project was that caseworkers would improve the level of compliance in writing measurable, timely and specific ISPs for foster children in placement.

Expected Outcomes

(1) It was expected that eight caseworkers would increase from three out of 50 to 40 out of 50 the number of ISPs which were complete to 90% of compliance with required standards as measured by a 90% or higher rating on the ISP Scoring Sheet.

(2) Ten caseworkers would decrease from 43 out of 50 ISP meetings which deviated from due dates to completion of 40 out of 50 ISP meetings on or before established due dates as measured by a positive (100%) rating for this category on the ISP Scoring Sheet for each of 40 files.

(3) Eight out of ten caseworkers would increase from 46 out of 50 ISP meetings which deviate from distribution dates to 40 out of 50 ISPs which meet established due dates as measured by a positive (100%) rating on this item category on the ISP Review Sheet for

each of 40 files.

Measurement of Outcomes

All three outcomes were measured on the Individual Service Plan Scoring Sheet devised by this writer. On the first sheet of this document, the caseworker's name and agency office location appear. The name of the foster child whose file is being reviewed, the child's date of birth and date of placement with the agency is also recorded.

The ISP Scoring Sheet is divided into 14 sections. These sections are identified as: Face Sheet; Invitations; Medical; Dental; Educational; Extra-Curricular; Religious; Household Chores; Money Management; Birth Family; Interpersonal; Developmental; Therapeutic; and Signatures. Each component was weighted with a numerical rating of up to ten points for an item, or 130 points maximum total point potential. Full compliance earned ten points; partial compliance earned five points; lack of compliance (e.g. item missing from the completed ISP) earned a zero.

All the sections of the ISP Scoring Sheet except those marked "Face Sheet," "Invitations" and "Signatures" were designed to measure the first outcome of this project: compliance with 90% of required standards for ISPs. The "Face Sheet" and

"Invitation" sections were planned to document the second outcome of this project by recording ISP completion dates relative to a child's placement date. The "Signatures" section was planned to document the third outcome of this project by recording ISP distribution dates.

The ISPs written by the selected workers after their training in writing ISPs were evaluated using the same ISP Scoring Sheet as was used in evaluating the ISPs written prior to the training. Originally, an ISP Review Sheet was designed and used to score ISPs, but it proved cumbersome in implementation, so it was discarded. Once the ISPE&I instrument was designed, that instrument itself was used as the rating sheet, but as this document is nine pages long, the bulk of the instrument soon became unwieldy and expensive to duplicatae. The author devised the abbreviated ISP Scoring Sheet which was used in conjunction with a single copy of the ISPE&I to rate all the ISPs used in this analysis (see Appendix A). Data which had been recorded on the ISPs written prior to the training was transferred to these simpler forms.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Solutions

Caseworkers wrote unclear and difficult to measure goals on the ISPs of children in foster care. Because these goals were unmeasurable, neither the child, his/her foster family, nor his/her birth family was able to demonstrate compliance with the established goals. Therefore, the child's return home or any alternative plan for permanency was delayed. The child remained in foster care at emotional cost to the child and his/her birth family as well as at continued fiscal cost to the referring child-placing agency.

A review of the literature on caseworker planning prior to and during foster care placements, risk assessment methods, concerns of parents of children in placement, and permanency planning for children in foster care, yielded several proposed solutions for increasing timeliness and consistency of permanency planning by caseworkers for children in foster care, but none specifically detailed methods for teaching caseworkers how to improve the adequacy of written ISP goals. Research on permanency planning for foster

children showed that results of permanency planning included better adjustment of the foster child to out-of-home placement (Benedict and White, 1990). Katz and Robinson (1991) developed a matrix which showed interconnecting treatments and results which could be used by foster care workers to determine the goal of permanent out-of-home placement in lieu of family reintegration. Palmer (1990; 1989), Timberlake and Hamlin (1982), and Walsh, Walsh and Stuart (1981) suggested factors which predict placement breakdown, including separation conflict between the child in foster care with birth parents and siblings. Grayson (1985) and Triseliotis (1984) proffered adoption as a solution to lack of permanency planning, particularly for special needs children. Meezan and Shireman (1982) supported conversion of the child's foster home to an adoptive home for that child, and Sawyer (1981) suggested long-term foster care as an alternative. The involvement of the birth family in helping the child adjust to foster care placement was recommended by Block (1981), Hess (1988), Hess and Folaron (1991), Maluccio (1981), Proch (1982), Sinanoglu (1981), and Smith (1991). Hardin (1983) detailed the help or hindrance a court review can provide to achievement of a permanency plan for a child in foster care. Benbenishty (1991) espoused the use of modern information technology to

monitor children's placements as one way to counteract foster child system "drift". Miller and Dore (1991) examined four models of child welfare caseworker in-service training programs which help to prepare caseworkers to work more effectively with foster children and their families.

This agency had unsuccessfully attempted several potential solutions to the problem of increasing caseworkers' abilities to write specific, measurable, and timely ISPs. Reliance upon formal academic training prior to the caseworker's employment with this agency did not solve the problem because the various academic institutions they attended were inconsistent in their training on goal setting. Providing the caseworkers with samples of ISPs from books or journals did not solve the problem because this agency's ISP requirements differed from published examples. Providing examples of ISPs from extant agency files did not solve the problem, because the caseworkers then imitated their predecessors' errors. Caseworker timeliness in writing ISPs was not increased when supervisors monitored ISP completion as part of routine supervisory meetings with caseworkers because there were so many other pressing casework issues presenting during the limited time allocated for formal supervision that ISP deadlines were often left off of the workers' and

supervisors' agendae.

Description of Selected Solution

It appeared that the development of a comprehensive ISP evaluation document and a training curriculum for child welfare caseworkers would increase the caseworker's understanding of the foundational role of the ISP in permanency planning for foster children, heighten the caseworker's awareness of the need for birth family involvement with a child and increase the caseworker's proficiency in writing complete, measurable, specific and timely ISPs.

Report of Action Taken

To resolve the dilemma of caseworkers who wrote inadequate ISPs, the writer developed a two-part program. In Part I, an Individual Service Plan Evaluation and Instruction (ISPE&I) instrument was developed by the writer (see Appendix B). The ten agency caseworkers whose work had already been analyzed were trained in the utilization of the ISPE&I instrument and the need for its implementation. Then, the next fifty ISPs which were written collectively by those ten caseworkers were assessed using the same type of form,

an ISP Scoring Sheet, which had been used to evaluate the 50 ISPs written by those caseworkers prior to their training in the newly created ISPE&I instrument.

As Part II of the project, an Individual Service Plan Tracking Sheet (see Appendix C) was developed. The two Program Coordinators who supervised the four casework-supervisors of the ten caseworkers involved in the project were trained in the utilization of the ISP Tracking Sheet. ISP meetings and report due dates were to be charted for each of the ten caseworkers against actual achievement dates recorded for these items. The disparity between ISP due dates and actual completion dates was to be noted and reasons for delays weere to be determined and presented to this writer in a report.

The ten caseworkers whose ISP work had originally been rated were trained in the use of the ISPE&I instrument. Four training sessions, each lasting for four hours, were held on four different dates and the same information was presented in each session. The sessions were held at the four different office sites where the workers were assigned and all the workers and supervisors who worked in those offices were participants in the training. The ten caseworkers did not know that their ISP work had been evaluated prior to the training and did not know that their work after the

training was examined.

In each ISP training session, this writer explained the pivotal role of the ISP in case planning for children in foster care. Emphasis was given to the focus of the ISP as the development of a schedule for a permanency plan for each child within 18 months of his/her out-of-home placement. Specific anectodal examples from this writer's experience were given about children who had remained too long in foster care due to the parents' or childrens' inability to meet the demands of poorly written ISPs. Additional examples from the caseworkers' own knowledge and experience were solicited as confirmation of the detrimental effects of poorly written ISPs. Summary data from research cited in Chapter II of this paper was provided to the participants as a contextual framework to establish the need for goal setting according to researchers in the fields of social work, education and psychology. Citations from sample foster care contracts, from state licensing entities, from the Child Welfare League of America, and from the Council on Accreditation were shared to demonstrate the confluence of requirements for properly written ISPs.

Each caseworker had been instructed to bring to the ISP trraining session a copy of the ISP he/she had selected as the most complete ISP he/she had written

within the past year. This writer reviewed the requirements coalesced into the ISPE&I instrument section by section.

As each section of the ISPE&I was discussed, each caseworker was asked to evaluate his/her own "best" ISP using the criteria specified in the ISPE&I instrument. If an item on the caseworker's ISP met all the requirements specified in the concomitant section of the ISPE&I, the caseworker awarded 10 points to that item on the ISP Scoring sheet. If an item met any less than all of the specified requirements, five points were awarded for that item on the ISP Scoring sheet. If an item was present on the ISPE&I but missing on the caseworker's ISP, zero points were earned. When the group had each scored an entire ISP in this manner and totalled their ISP's score, that score was compared with the highest potential score of 130 points on the ISP Scoring Sheet.

The areas of disparity between an item not scored with 10 points, or full compliance, and the requirements detailed in the ISPE&I instrument were examined. Discussion then focused upon the potential ramifications of less than complete compliance of the ISP for that specific child. Finally, the potential benefits of an ISP completed according to the ISPE&I instrument were contrasted with the ramifications of less than complete

compliance and the value judgement of writing ISPs in accordance with the ISPE&I was established. A copy of the ISPE&I was given to each caseworker to use as a guide in writing subsequent ISPs.

The five ISPs written after the training session by each caseworker thus trained were submitted to this writer, who evaluated them according to the ISPE&I instrument, using the ISP Scoring Sheet. The five ISPs written prior to the respective training dates by each of the selected ten caseworkers were rated according to the ISP Scoring Sheet. On this sheet, each of 13 items were scored. Fourteen items appear on the ISP Sscoring sheet, but one item, "Educational" was an alternative for the category "Developmental" in the cases where the child was of school age, (e.g., older than four years) and should have been listed parenthetically. The category "Household Skills-IL Skills" was not applicable to infants (e.g., children under the age of two years). Thus, 130 points was the highest potential score if full compliance was determined for each applicable category and ten points were awarded to each category. Five points were awarded to any category in which partial compliance was evidenced and zero points signified that the category was missing from the ISP being rated. Any ISP which was rated at 90 points or above was considered in compliance with the standards of a timely and

measurable ISP. Any ISP which was rated at below 90 points was considered not in compliance.

The ISPs written by the selected workers after their training in the use of the ISPE&I instrument were evaluated using the same ISP Scoring Sheet as was used in evaluating the ISPs written prior to the training. Originally, and ISP Review Sheet was designed and used to score ISPs, but it proved cumbersome in implementation, so it was discarded. Once the ISPE&I instrument was designed, that instrument itself was used as the rating sheet, but as this document is nine pages long, the bulk of the instrument soon became unwieldy and expensive to duplicate. The author devised the abbreviated ISP Scoring Sheet which was used in conjunction with a single copy of the ISPE&I to rate all the ISPs used in this analysis. Data which had been recorded on the ISPs written prior to the training was transferred to these simpler forms.

CHAPTER V

RESULTS, DISCUSSION AND RECOMMENDATIONS

Results

Caseworkers wrote ISPs for children in foster care placement which projected goals in terms which were difficult to measure, and thus difficult for those involved to achieve. A training session of four hours duration, which elucidated the pivotal nature of the ISP in permanency planninf for children in foster care, the need for clarity and specificity in writing ISP goals, and the use of a self-evaluation instrument to improve ISP compliance with required standards was presented to casework staff. The ISPs they wreote after their training were evaluated and contrasted with ISPs they wrote prior to the training, using the same rating instrument. Casework supervisors were trained to chart ISP due dates, completion dates, and distribution schedules to improve caseworker timeliness in ISP completion and disbursement.

(1) The scores of the ISPs written by the ten selected caseworkers were charted prior to their training in the utilization of the ISPE&I instrument, then after their training. The results showed an increase in ISP scores at or above the 90% compliance

level from zero compliance to 52% compliance (see Table 1). Thus, the first goal of this project was met.

Table 1

ISP Scores Prior To and After Training

Case worker	Number of ISPs Pre-Training	ISPs above 90%	Number of ISPS Post-Training	ISPs Above 90%	% Above 90%
A	5	0	5	1	20
B	5	0	6	3	50
C	5	0	5	4	80
D	5	0	3	3	100
E	5	0	1	0	0
F	5	0	1	0	0
G	5	0	2	2	100
H	5	0	2	0	0
I	5	0	3	1	30
J	5	0	5	3	60
TOTALS	50	0	33	17	52

(2) ISP due date completion was not calculated by casework supervisors according to instructions by this writer, so this project goal was not met.

(3) ISP distribution dates were not measured by casework supervisors according to instructions by this writer, so this project goal was not met.

Discussion

Original projections to analyze 50 ISPs from each worker prior to the ISP training, then 50 from each of

those workers after the training were too ambitious. Although 50 ISPs from each worker prior to training were analyzed, there was not sufficient time allotted prior to the completion of this project to assess 50 ISPs from each worker after the training. Therefore, from the original 50 ISPs, the 5 most recent ISPs written by each of the ten workers prior to the training were analyzed. Then as many ISPs as had been completed by each of those workers after the training and before the completion of this project were analyzed. One of the caseworkers completed six ISPs after training, three of the workers completed five ISPs each after their training, two workers completed three ISPs,
two workers completed two ISPs each and two other workers have each completed only one ISP since their training.

Schunk (1982) found that self-monitoring had a significant effect upon children's skill levels. Kopp (1988) recommended "the increased application of self-monitoring to social work practice" (p.15). The ISPE&I instrument was designed to be a self-monitoring instrument which could be used independently but effectively by caseworkers once caseworkers had participated in training regarding the role of the ISP as the foundation for caseworker intervention. Attention was also given to the need for foster parent

and birth parent interaction with the agency caseworker and child to speed the achievement of measurable goals.

Nilson (1990) defines training as "a way of organizing information and experience so that an employee can behave differently on the job to his own and the company's benefit" (p.1). After the ISP training, caseworkers wrote more measurable, specific ISP goals.

Although the ISP training and the use of the ISPE&I instrument has demonstrated that ISP goals can be written more clearly and in more measurable terms, the specific goals of this project were not met. Only five ISPs for each of ten caseworkers were analyzed prior to training, then from one to five other ISPs for each of those workers were analyzed after their training. Thus, the total number of ISPs analyzed was 50 prior to training and only 33 after training.

(1) It had been projected that 80% of the post-training ISPs would be at 90% compliance levels or higher; only 52% of the post-training ISPs achieved 90% or higher compliance levels, so this goal was not achieved as projected.

(2) The ISP Tracking Sheet was inadequately completed by the supervisors and was unusable for the purposes of this project. Verbal responses to questions

about why the ISP Tracking Sheet was not fully utilized yielded the unanimous opinion among the four supervisors involved that the training they had received from their Program Coordinators had not been sufficiently clear, so the four supervisors had elected to retain their own idiosyncratic methods for recording the due dates, dates of accomplishment, and dates of issuance for ISPs completed by their caseworkers. A second training session in the use of the ISP Tracking Sheet will be conducted by this writer after the completion of this project, as the writer's agency plans to continue training in the ISP, use of the ISPE&I instrument, and implementation of the ISP Tracking Sheet.

Originally, graphs had been projected to visually present the results of this project, but the writer later determined that the information could more succinctly be shown in a table, so a table was used.

Recommendations

Despite the failure of this project to achieve the projected goals, the increase in the quality of the ISPs was so positive that the casework staff and their supervisors have elected to incorporate the ISP training into the agency's Clinical Staff Orientation and to include the ISPE&I instrument in the ongoing operation of the agency.

It appears, therefore, that training in the writing of clear and measurable ISP objectives can increase the clarity and measurability of ISP objectives written by clinical child welfare workers and that self-evaluation using a pre-determined set of written measuring criteria can be utilized by those workers to sustain their improved performance in writing clear and measusrable ISP objectives.

Dissemination

This writer plans to continue the project herein described by training this agency's Director of Training and Quality Assurance in the implementation of the ISP training, then to arrange for her to instruct all the members of the current clinical staff in this agency in the writing of clear and measurable ISP goals. She will also be directed to incorporate ISP training into the annual agency in-service training agenda for all new employees of this agency.

ISPs will continue to be collected and when the sample totals 50 ISPs, the results will be recalculated. Then, a revision of this material will be made to meet the publication guidelines of the Child Welfare League of America journal, Child Welfare, and the material sent

to CWLA to be considered for publication.

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APPENDIX A

INDIVIDUAL SERVICE PLAN REVIEW SHEET

TO: Carolyn Eberwein
Associate Executive Director

FROM:

RE: ISP Scoring Sheet
File:

Date:

Scoring: 10 pts. for full compliance, 5 pts. for less than full compliance; 0 pts. for missing item.

A. Face Sheet _____

B. Invitations _____

C. Medical _____

D. Dental _____

E. Educational _____

F. Extra-Curricular _____

G. Religious _____

H. Household Chores (IL skills) _____

I. Money Management _____

J. Birth Family _____

Z. Interpersonal _____

K. Developmental _____

L. Therapeutic _____

M. Signatures _____

TOTAL: _____

APPENDIX B

INDIVIDUAL SERVICE PLAN EVALUATION AND INSTRUCTION INSTRUMENT 40

ISP EVALUATION AND INSTRUCTION INSTRUMENT

Purposes: To assist in the complete preparation of an Individual Service Plan;
To evaluate the completeness of preparation of an Individual Service Plan.

Instructions: Evaluator will check each segment of the Individual Service Plan against the criteria for that segment and score as follows:

10 points per segment for full compliance of the Individual Service Plan with the criteria specified on this instrument.

5 points per segment for anything less than full compliance; (Circle faulty or missing items on Evaluation Sheet.)

0 points are scored if the segment is missing from the ISP. (Circle missing items on Evaluation Sheet.)

List score for each segment in the space opposite the category title below.

Total all category scores at end of this form.

An Individual Service Plan which earns 100 points or more will be deemed a complete ISP.

A. FACE SHEET Score:_____

1. All information completed.

2. Goal documented by presence in child's file of a court order, Family Service Plan, or correspondence f. m the referring agency caseworker.

B. INVITATIONS Score:_____

1. Sent to all the following parties:
   _____ Birth mother
   _____ Birth father
   _____ Referring Agency caseworker
   _____ Foster Parent(s)
   _____ Child Advocate
   _____ Child (if 10 yrs. old or more)

2. Date specified.

3. Time specified.

4. Location specified.

5. Invitation sent 2 weeks or more prior to proposed date of ISP meeting.

C. MEDICAL Score:_____

1. Regular: Physician's name identified.

   Physician's address identified.

   Physician's telephone number identified.

   Next appointment date and time identified.

   Transportation to/from appointments delineated.

   Method/mechanics of payment for medical appointments and/or treatment specified.

   Hospital to be used for emergency treatment specified by name and location.

   Confirmation (or lack of same) of this agency's receipt of a Medical/Surgical

consent form signed by a parent (or need for court order in case emergency treatment is necessary, as parental consent is not in our file) cited.

EPSDT initial examination date, physician and hospital referenced.

2. Specialized:

ESPDT referrals EACH delineated with action taken/to be taken specified.

Special medical needs identified.

Name of physician specialist(s) identified.

Address of physician specialist identified.

Telephone number of physician specialist identified.

Type of specialty physician practices identified.

Frequency of visit to physician specialist cited.

Next visit date identified.

Next visit time identified.

Transportation to/from physician specialist visits delineated.

(Note: If visits to specialist physician have stopped since last ISP, cite date visits ceased as part of this item.)

3. Medication:

Medication name(s) specified.

Dosage level(s) specified.

Frequency of administration specified for each medication.

Renewal date of prescription(s) listed.

Method of payment for prescriptions cited.

Pharmacy to be generally used by foster parents identified by name, location, telephone number.

D. DENTAL: (age 3 years or more) Score:_____

1. Dentist's name identified.
2. Dentist's address identified.
3. Dentist's telephone number identified.
4. Date of initial dental visit identified.
5. Treatment in process by dentist defined.
6. Home treatment (i.e., tooth brushing, flossing, etc.) recommended by dentist delineated.
7. Frequency of subsequent visits cited.
8. Next appointment date and time specified.
9. Transportation to/from dentist visit(s) specified.

E. EDUCATIONAL Score:_____

1. School identified by name and address.
2. Grade identified.
3. Teacher identified.
4. Anticipated minimum level of achievement in

all academic areas specified.

5. Out of class academic assistance to be provided specified: by whom; where; frequency; duration.

6. Homework performance defined as to time per day, location, supervision and accountability.

7. Communication with teacher by foster parent(s) specified in frequency and method.

8. Communication with teacher by agency case worker specified in frequency and method.

9. Communication with teacher by child's birth parent(s) or family specified in frequency and method.

10. Method of emergency removal from school defined.

11. Transportation to/from school delineated, including required behavior while being transported and consequences for misbehavior.

12. Date of next report card specified.

13. Special Needs identified (if applicable).
Date of last IEP meeting specified.
Date of next IEP meeting specified.
Authorized signatories of IEP listed.

F. EXTRA-CURRICULAR Score:_____

1. School-based activities delineated.

2. Frequency and time-duration specified.

3. Foster parent involvement specified.

4. Birth parent involvement specified.

5. Community-based activities delineated.

6. Frequency and time-duration specified.

7. Foster parent involvement specified.

8. Birth parent involvement specified.

G. RELIGIOUS Score:_____

1. Church, church address and denomination specified.

2. Church service dates/times identified.

3. Frequency of attendance specified.

4. Transportation to church services specified.

5. Religious restrictions or requirements (if applicable. i.e. dress, food, rite performances such as grace before meals, confession, communion etc.) specified.

H. HOUSEHOLD CHORES/INDEPENDENT LIVING SKILLS Score:_____

1. Age appropriate household chores to be performed listed.

2. Frequency of chore accomplishment specified.

3. Accountability (checking and evaluation) specified.

4. House rules referenced.

5. Disciplinary action (positive and negative) specified.

I. MONEY MANAGEMENT Score:_____

1. Amount of allowance specified.

2. Frequency of administration specified.

3. Method of administration specified.

4. Amount of clothing allowance specified.

5. Frequency of administration specified.

6. Method of administration specified.

7. Name of bank where savings account is established listed; date account opened.

8. Frequency of deposits (if required).

9. Account balance.

J. BIRTH FAMILY Score:_____

1. Relatives to be visited specified by name and relationship.

2. Location of visits specified.

3. Frequency and duration of visits specified.

4. Transportation to/from visits delineated.

5. Restriction of visitation, if any (persons and/or locations) specified.

6. Emergency beeper information specified.

7. Process for toys and clothing to/from foster home specified.

8. Telephone contact frequency, duration and initiator specified.

9. Correspondence: child to parents/others; frequency specified.

10. Correspondence: parent/others to child; frequency specified.

11. CC Caseworker contact with birth family:

frequency, duration and location specified.

INTERPERSONAL Score:_____

1. Anger management techniques for foster child specified.

2. Appropriate praise techniques for foster parent(s) specified.

3. Disciplinary measures defined (type, length of time per session, implementor, etc.).

4. Child's individual private time with foster parent specified (time of day and duration).

5. Child's interactive skills which are lacking are specified and interventions by (a) caseworker and (b) foster parents are defined with positive outcomes specified.

K. DEVELOPMENTAL Score:_____

1. Foster parent role in encouraging achievement of next stages according to Denver Developmental Scale specified as to items and frequency of involvement.

2. Special needs defined.

L. THERAPEUTIC Score:_____

1. Therapy need(s) defined.

2. Duration of therapy (in cycles of 12 one-hour visits).

3. Frequency and duration of each therapy visit specified.

4. Therapist's name identified.

5. Therapist's agency address identified.

6. Therapist's agency telephone number identified.

7. Location of therapy visits cited.

8. Frequency of therapy reports to this agency specified.

9. Participation of significant others in foster child's therapy specified.

M. SIGNATURES Score:_____

1. Signatures of all parties present at ISP meeting appear on ISP.

2. Copies of letters requesting signatures of all absent parties are present in foster child's casefile no more than 5 working days after the ISP meeting was held.

3. Projected date/time/location of next ISP is included on signature page.

4. Dates of all signatures are documented.

APPENDIX C

INDIVIDUAL SERVICE PLAN TRACKING REPORT

ISP TRACKING SHEET

CHILD'S NAME	DOB	INTAKE DATE	INITIAL ISP MTG DATE	DATE REPORT ISSUED	#2 ISP MTG DATE	#2 ISP RPT ISSUED	3RD ISP MTG. DATE	4TH ISP REPORT ISSUED